

City of Salem EDA Small Business Assistance Grant Program

The City of Salem EDA has established a grant fund to support small business recovery following the COVID-19 outbreak; grant funds will be used to reimburse the costs of business interruption caused by required closures. Grants of up to \$5,000 are being provided to eligible businesses on a first-come, first-served basis and subject to availability of funds. **Applications will be accepted until December 4, 2020 or until funds are depleted. No hand delivered applications will be accepted. Previous grant recipients ARE eligible. An applicant must substantiate that the business experienced interruption due to full or partial (e.g., limited space, limited service, limited hours, limited staff, etc.) closure during the COVID-19 public health emergency. Such closure may have been mandated by executive order, or voluntary (for example, to promote social distancing, or in response to decreased customer demand), but must have been in response to the COVID-19 health emergency. Eligible uses of the grant funds include, but are not limited to the following:**

- 1) Operations (i.e., payroll, rent, mortgage, supplies, working capital, insurance, etc.)
- 2) Pivot to respond to new market conditions (i.e., develop online sales/e-commerce, delivery or take out; develop new product line, etc.).
- 3) Deep cleaning services, PPE, protective barriers, etc.
- 4) Purchase of equipment and inventory

Check List	<p>Please include these attachments with your application:</p> <ul style="list-style-type: none"> ✓ IRS Form W-9 Request for Taxpayer Identification Number and Certification ✓ Signed and completed application form ✓ IRS Form 941C as of 3/31/2020 or Schedule C for 2019
-------------------	--

Eligibility	<p>I certify that my business:</p> <ul style="list-style-type: none"> ✓ Is a for-profit enterprise located in the City of Salem with less than 75 full-time employees ✓ Suffered negative impacts from closure (mandated or voluntary, full or partial) in response to the COVID-19 public health emergency. ✓ Was operational as of January 1, 2020 ✓ Is current on all fees, taxes and permits with the City of Salem as of October 1, 2020 ✓ Has at least one physical storefront in the City of Salem <p>Ineligible businesses: Businesses that are permanently closed, engaged in illegal activities, banking and financial services, non-profit and seasonal businesses, franchises except those that are locally owned and operated as determined by the sole discretion of the EDA or home-based businesses.</p>
--------------------	---

Contact Information

Date of Application

Business Name

Physical Business Address City State Zip

Mailing Address (if different) City State Zip

Owner's Name and Title

Primary Business Contact Name and Title, if different than owner

Contact Phone Contact Email Address

Website address (if any)

Primary business type: (select one)

- ✓ Arts, Entertainment, Recreation
- ✓ Child Care, Education, Instruction
- ✓ Construction, Engineering, Design Services
- ✓ Distribution, Logistics, Warehousing
- ✓ Finance, Insurance, Real Estate
- ✓ Health and Medical Services
- ✓ Hotel and Accommodations
- ✓ Information Technology, Broadcasting, Publishing
- ✓ Manufacturing
- ✓ Personal Services (barber shop, nail salon, fitness, dry cleaner, etc.)
- ✓ Private Household Services
- ✓ Professional, Technical, Business Services
- ✓ Repair and Maintenance Services
- ✓ Restaurant, Food Services
- ✓ Retail—please specify _____
- ✓ Social Services
- ✓ Transportation
- ✓ Other _____

Is your business home based? Yes No

Entity Type:

- | | | |
|-------------------|---------------|---------------|
| ✓ Sole Proprietor | ✓ Franchise | ✓ Partnership |
| ✓ LLC | ✓ Corporation | ✓ Other _____ |

What year was your business established in the City of Salem? _____

Have you received an EIDL or PPP loan/grant? Yes No

If yes, what was the loan amount? _____

of full-time employees in the City of Salem as of: 2/29/2020 _____ 9/30/2020 _____

of part-time employees in the City of Salem as of: 2/29/2020 _____ 9/30/2020 _____

If fewer employees in the City of Salem as of 9/30/2020, was this due to

- ✓ Layoffs # of employees _____ timeframe _____
- ✓ Temporary furlough # of employees _____ timeframe _____

Why did the business close (fully or partially) during the COVID-19 health emergency?
(check all that apply)

- ✓ State mandate
- ✓ Not enough customer demand
- ✓ Supply chain disruption
- ✓ Workforce availability
- ✓ Health and safety concerns
- ✓ Other _____

What is the current status of the business? (check all that apply)

- ✓ Open with normal operations
- ✓ Open with limited operations (e.g., fewer employees, reduced hours/shifts, etc.)
- ✓ Operating online
- ✓ Delivery/take out only
- ✓ Closed temporarily with plan to reopen on _____

Is the primary location of the business owned or rented?

- ✓ Own outright, free and clear of mortgage/deed of trust
- ✓ Own subject to a mortgage: monthly amount is _____
- ✓ Rent: monthly rent amount _____

Grant Narrative

Describe how COVID-19 has affected your business, including impacts on workforce, revenue and profits, space modifications, etc.

Describe uses of grant funds and estimated cost of each (e.g., payroll, rent, etc.)

Recovery

What would you need for your business to resume full operations? (check all that apply)

- ✓ State authorization to re-open
- ✓ Rehiring employees
- ✓ Creating new marketing campaign
- ✓ Working capital
- ✓ Revising business plan to new circumstances
- ✓ Opening of adjacent businesses
- ✓ Resumption of essential supply chain
- ✓ Relaxing of social distance guidelines since successful operation necessitates crowds
- ✓ Other _____

Applicant Signature and Certification

I acknowledge that this completed and signed application is only an application for the Small Business Assistance Grant funds expressed herein. This application, even if favorably received, does not constitute a commitment on the part of the EDA to extend grant funds. I agree to notify the EDA immediately in writing if any of the information contained in this application materially changes in any respect. I agree to hold harmless and indemnify the EDA and its board members, employees, agents, representatives and associates against any claims, charge, suit, damages or other similar liability and to further waive any claims against the EDA whether now existing or arising in the future regarding any damages, losses, liability, costs or expenses (including reasonable attorney fees) incurred and arising from this application. I understand that by submitting this application the EDA is under no obligation to approve and/or extend an assistance grant. I hereby consent and agree that the City of Salem, the Commissioner of the Revenue and Treasurer shall, upon request of the EDA, provide and release to the EDA, on a confidential basis, any and all documentation and information of the Applicant including, but not limited to, business licenses, City taxes, financials and utility accounts.

PLEASE CHECK AND COMPLETE APPROPRIATE BOX

That I am an employee of:

City of Salem _____ Department

That I am related to (name) _____, an employee of the:

___ City of Salem Department

___ City of Salem EDA Board Member

___ Any City of Salem elected or appointed official

My relationship to the person is: ___ Spouse, ___ Father, ___ Mother, ___ Daughter, ___ Son, ___ Other, _____ (Specify relationship)

That I am not a public official or employee, nor related to any such public official or employee of the City of Salem, Salem City Council or the City of Salem EDA

By signing this application, I certify I am the owner of the business. I authorize the City of Salem Finance Department, Treasurer and Commissioner of the Revenue to provide the Economic Development Authority, on a confidential basis, with any information it deems necessary to verify the information on this application as well as information needed to make a determination of grant eligibility.

I HEREBY CERTIFY AND ACKNOWLEDGE THAT I HAVE READ THIS ENTIRE APPLICATION AS COMPLETED, AND THAT EACH RESPONSE IS TRUE, COMPLETE, AND ACCURATE.

INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED. APPLICATIONS MUST BE ELECTRONICALLY SUBMITTED BY DEC. 4, 2020 TO econdev@salemva.gov. ALL COMMUNICATION WILL BE VIA EMAIL.

Business Owner's Signature

Date

Business Owner's Title

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
-----------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.